

TRAVEL ALLOWANCE GUIDE



2000 - 2001 Biennium

TEXAS DEPARTMENT OF HEALTH TRAVEL REGULATIONS

This Travel Allowance guide is issued for the biennium. It is divided into two parts: Texas Department of Health's section has examples, instructions, and other information about the various forms and procedures used by TDH; and the State Comptroller's section contains the complete text of the State Comptroller's Travel Rules and Regulations. TDH policy will prevail where there are differences.

Following are items of general interest, some which changed since the previous guide was issued:

1. **Mileage, Personal Automobile**
The mileage reimbursement continues to be 28 cents per mile for the year ending August 31, 2000.
2. **Commuting Mileage**
Section V on page 2 is a discussion of TDH policy regarding mileage between a residence and a duty point. Read this carefully. Certain aspects of this policy may be more conservative than those contained in the Comptroller's rules.
3. **Travel to TDH-Sponsored Training**
Form B-19 is required for approval of travel to TDH-sponsored training, seminars, and conferences. (page 5)
4. **Minimum Travel Voucher Amount**
The minimum amount for a travel voucher is \$25.00 or three months expenses. (page 1)
5. **Electronic Mileage Guide**
The Electronic Mileage Guide should be used to determine allowable mileage claims between Texas cities. Instructions for accessing the guide are on page 6.
6. **Request to Increase Maximum Out-of-State Lodging Rate Form**
A copy of form #74-167 for requesting an increase to the maximum out-of-state lodging rate can be found at the end of this section. (page 34)
7. **Justification for Multiple Travelers**
Justification for multiple travelers must be provided on every voucher and for every travel occurrence. Acceptable statements can be found on page 7.
8. **State-Issued Travel Card Use Agreement**
TDH has implemented a Travel Card Use Agreement. This agreement lists the proper usage of the travel card and possible penalties for misuse. (page 23)
9. **Travel Section PMAIL Address**
Send any questions or comments to Fiscal Claims via Pmail at **Travel@Fiscal**.

CHAPTER 1. TEXAS DEPARTMENT OF HEALTH

Travel Policies and Information

This chapter provides information of particular interest to Texas Department of Health employees. There are policies and information discussed specific to the Department and in some cases may be more fiscally conservative than the Comptroller's guidelines. In addition, there are rules, instructions, and examples for the various forms used by the Department for travel related activities.

I. Frequency of Travel Voucher Submission

TDH employees may submit more than one travel voucher per month. The \$25.00 minimum voucher amount must still be satisfied on each voucher and vouchers must not have overlapping dates of travel.

Partial per diem expenses for terminating employees must be submitted on a voucher separate from all other type of expenses.

II. Minimum Travel Voucher Amount

The minimum travel voucher amount that TDH will process in a given month is \$25.00. When an employee has less than \$25.00 worth of travel expenses during the month, the employee must wait until accumulating reimbursable expenses that total at least \$25.00 or a minimum of three months. For example:

1. When the \$25.00 minimum amount has been satisfied in a month, a voucher can be submitted for that month's expenses. This voucher will contain the expenses for the entire month.
2. If the minimum amount of \$25.00 has not been achieved in a given month, the employee must wait until \$25.00 of reimbursable expenses have accumulated, then file a voucher.
3. If the minimum amount of \$25.00 has not been achieved after three months, a voucher may be submitted for the three month period even though the reimbursable expenses total less than \$25.00.

III. Responsibility for Accuracy of Vouchers

The employee has first responsibility for the voucher. The program, or division, is responsible to ensure that the voucher is correct, all required information is included, and that it has been properly entered into the Department's voucher entry system before the document is sent to Fiscal.

IV. Allowable Meal Expenses

- a. The \$25.00 per day allowable for meals is not a flat rate amount. Although there is no Department-wide limit set on individual meals, an employee may only be reimbursed for amounts actually spent, not to exceed a total of \$25.00 a day.

Regions, division, or programs have the authority to impose limits they feel are fair and reasonable. This may include specific times for claiming certain meals, a per-meal dollar limitation, or a meal receipt requirement.

- b. Partial Per Diem may not be claimed in either your headquarters or residence city.

V. Commuting Mileage

- a. Intra-city Mileage - Mileage incurred for state business purposes between an employee's residence and a duty point within the metropolitan area of their headquarters or residence city, on a regular work day, during work or non-work hours, may be reimbursed to the extent that it exceeds the total the employee would incur between their residence and their place of employment. The mileage claimed may not exceed the mileage from the employee's place of employment to the duty point.
- b. Inter-city Mileage - When an employee drives from their residence to another city, or to any other location out of the metropolitan area of their headquarters, they are entitled to the lesser of the mileage from their residence to the destination city or from their headquarters to the destination city. This is applicable during both work or non-work hours on a work day.
- c. The intent of this policy is that employees are not paid to commute to work. An employee is generally expected to make one round-trip, or the equivalent thereof, from their residence to their place of employment at their own expense each day. Mileage incurred in excess of this may be reimbursable, within the limitations discussed above, if it was incurred while conducting state business.

For purposes of this discussion, "place of employment" means the office or location at which an employee routinely conducts state business. "Duty point" is the location, other than an employee's place of employment, to which the employee travels, on a given day, to conduct state business. Generally a "metropolitan area" includes the area within the city limits and the suburbs that are considered part of that area.

In some instances, such as when flying to another city to conduct business, the duty point, for mileage purposes, may be the airport. The fact that you depart via a flight is not relevant to the mileage issue.

VI. **Direct Deposit of Travel**

Employees participating in the payroll direct deposit program can also have their travel reimbursements direct deposited. You must sign up for the payroll program first in order to extend the service to your travel payments.

If you are participating in the program, your travel reimbursements will automatically be direct deposited, unless:

The voucher contains partial per diem (PPD) reimbursement. No voucher with PPD can be direct deposited.

You have an outstanding travel advance *check* on which reimbursement is due.

If your travel reimbursement is direct deposited, you will not receive any form of direct notification from the Comptroller, or the Fiscal Division, that the transaction has been completed. Any direct notification of the electronic transfer of funds should come from your bank. In the event you experience problems receiving notification, you should direct your concerns to your bank.

Payment information can be obtained from the Department's Accounting Information System. Anyone with inquiry capability on this system can look up voucher payment information.

VII. **Partial Per Diem**

Travel vouchers that include claims for partial per diem must be properly entered into the voucher entry system prior to the monthly processing of the regular payroll, which occurs at approximately mid-month, in order for the tax computations to be made on that month's payroll.

Travel warrants containing partial per diem reimbursement can not, and will not, be released until the payroll warrants reflecting the tax deductions are released. Therefore, payday is the earliest possible release date for travel warrants with partial per diem.

VIII. **Bank of America Corporate Card - Payment Terms**

All charges made on your Bank of America Corporate Card are due and payable in full upon receipt of your statement. Your liability to Bank of America is not linked to the status of your travel reimbursement. Following is an explanation of when your bill becomes "past due" and what actions may be taken by Bank of America.

Billing statements are dated and mailed on the 26th of the month. They reflect all activity posted to the account through the 23rd of that month. Bank of America may refuse to accept new charges on an account that is in default.

Bank of America will assess a late charge of 2.5% (\$20.00 minimum) 60 days from the statement date in which the charges considered past due were billed.

IX. **Bank of America Corporate Card-Proper Use**

Your state-issued Bank of America Corporate Card is to be used only for TDH travel or business purposes. The Texas Ethics Commission issued an opinion in December, 1992, which states that intentional or knowing use by a state employee of a state issued card for other than state purposes violates both subsections (a)(1) and (a)(2) of Penal Code section 39.01. Depending on the value of the use, such violations can range from a Class C misdemeanor to a felony of the second degree

The Ethics Commission has determined that for an expense to be permissible on a state issued charge card, *it must be necessitated by or incidental to state business use*. Bank of America furnishes the Department with a monthly report showing retail charges made by employees. We caution you to carefully consider your use of the card and trust that you will use it only for its intended purpose.

X. **General Services Commission's Travel Services Contracts**

The State Purchasing and General Services Commission requires all state employees to use GSC contract companies for all travel related services. GSC has contracted with travel charge card, travel agency, airline, rental car companies and hotels to provide state employees with special travel rates and services. Employees may be reimbursed only up to the contracted rates when non-contracted companies are used unless one of the following exceptions apply (the exception must be documented on the travel voucher when submitting a reimbursement):

- Contractor not time efficient
- Contractor sold out
- Contractor not available
- Disabled traveler / transporting person
in custody / Medical emergency
- Security / safety risk
- Not eligible for contract
- Companion fare free
- In travel status
- Part of group
- Non-contract rental car / hotel - lower total cost
- Contractor lower fare
- Lower total cost using non-contract airline

These rules apply to travel by advisory committee, board and council members if current travel reimbursement is made on a **State of Texas Travel Voucher**.

XI. Ticketless Airline Travel

Employees wishing to use the ticketless airline system should receive a "Passenger Itinerary and Receipt" and a confirmation number from the airline company or the contracted travel agency. This receipt is acceptable if the voucher includes a statement that the original receipt is unavailable. Another option, is to request a printed ticket from the airline upon checking in at the departure gate.

Form of payment for Ticketless Travel should be a Bank of America Corporate Card. Any changes to travel plans made at the departure gate, requiring additional charges, will require the physical charge card used in the original booking. If charged on the Department's Credit card, another valid charge card will be required.

XII. Travel to TDH-Sponsored Training

Texas Department of Health Programs sponsoring training for TDH employees, must certify that they have investigated the use of video conferencing and that:

- a) the agency does not possess interactive television or video conference facilities at the designated headquarters of the employee who incurred the expense; and
- b) the agency does not have available, at a cost less than the total travel costs associated with the seminar, interactive television or video conference facilities; and
- c) the agency does not have access to another agency's interactive television or video conference facilities.

The above certification should be documented on TDH Form B-19. A copy of this form, which can be found at the end of this section on page 32 or downloaded from the TDH Common Forms menu, must be given to each training seminar participant who has incurred travel costs. The participant should then attach this form to their travel voucher.

XIII. Paying Travel Expenses from Non-Payroll Budget

Employees are required to charge their travel expenses to the budget that pays their salary. The Director of the Fiscal Division must grant prior-approval for any exceptions. The criteria for exceptions can be found in the Administrative Policy Manual under Executive Order XO-0903. The approval must be attached to the travel voucher when submitting for reimbursement.

XIV. Travel to Washington D.C.

State employees traveling to Washington D.C. are required to inform the Office of State-Federal Relations regarding the timing of the trip, its purpose, and the name of a contact person for additional information. Notification forms can be obtained by contacting the Department Travel Office at (512) 458-7777. In addition to notifying the Office of State-Federal Relations, a copy of the above mentioned form must be forwarded to the TDH Office of Intergovernmental Policy.

If the trip involves congressional testimony, congressional visits (includes visits with congressional or committee staff) or agency visits (meetings with representatives or officials of federal agencies), please include particulars on the form. OSFR needs to know which committee, congressman, or agency is involved and the subject of the meetings or testimony. Travel for purposes of research, training, or classes should be listed as "Other." If in doubt, simply attach a copy of agency's travel/approval request form.

Notification of travel should be received by OSFR **SEVEN DAYS IN ADVANCE OF DEPARTURE**. If circumstances prevent this, please notify OSFR as soon as possible with a reasonable explanation.

Send interagency to:

The Texas Office of State-Federal Relations
Attn: Travel Recorder
INTERAGENCY MAIL 507
Sam Houston Building
Austin, TX 78701

Or via U.S. Mail to:

The Texas Office of State-Federal Relations
Attn: Travel Recorder
P.O. Box 13005
Austin, TX 78711

Or via fax to: Travel Recorder (512) 463-1984

XV. Travel to Foreign Countries

State employees traveling on state business, to a foreign country, including Mexico, Canada or any United States Possession, must get approval in advance from the Commissioner of Health or designee. In addition, if traveling to a foreign country other than Mexico, Canada or a U.S. Possession, approval is also required from the Governor's Office of Budget and Planning. Forms for requesting approval can be obtained by contacting Fiscal Claims-Travel Audit section at (512) 458-7435.

XVI. Advisory Committees, Boards and Councils

When submitting a travel voucher for reimbursement to Advisory Committee, Board or Council Members, please include a statement documenting the authority to pay the expenses. If you are not sure about the authority, please contact the Office of General Counsel.

XVII. Electronic Mileage Guide

The State Comptroller's Electronic Mileage Guide must be used to determine allowable mileage claims between Texas cities. The Electronic Mileage Guide can be accessed through Fiscal Webpage at www.tdh.state.tx.us/fiscal or through the Internet via the World Wide Web at: <http://www.window.state.tx.us/comptrol/texastra.html>

XVIII. Justification for More Than One Traveler

Justification for the travel is required whenever more than one person travels to the same location, for the same business itinerary, on the same dates. In order to satisfy this requirement, all employees, whether or not they are aware of other employees travel, must include one of the statements listed below with every travel voucher for each different travel occurrence.

1. I traveled to perform specific job duties which required my personal attention.
2. I was required to travel to be a presenter and/ or speaker at an event.
3. Multiple employees attended the same event in order to attend different presentations which were conducted simultaneously.
4. Multiple staff were required to move equipment, setting up displays and/or assist with registration.
5. Multiple staff were required to facilitate the operation of a public health clinic, demonstration, or event..
6. Multiple staff were required to perform various tasks.
7. Multiple staff were required to conduct an investigation and/ or audit.
8. I was required to travel with staff members in order to train, evaluate and/or oversee their job performance.
9. Multiple staff were required to provide instruction, give examinations, and provide occupational certification and/ or licensing.
10. I was required to attend an event to earn continuing education credits directly relating to my employment.
11. Multiple staff from different programs participated in a meeting and/ or training to acquire information to enable them to implement new procedures, and/ or train other personnel.
12. Multiple employees traveled to staff meeting or training to discuss and present work-related issues, to learn new procedures and/or to receive information about new initiatives that directly relate to their employment.
13. Multiple employees were required to travel to perform duties to fulfill grant or contract commitments.
14. Multiple employees were required to conduct interviews or other recruitment activities of prospective employees.
15. Other Justifications: _____

XIX. TDH TRAVEL POLICY XO-1601

The Appropriations Act requires that state agencies maximize economy and efficiency for travel of state employees under their authority. In addition, all travelers on official state business are required to use travel contracts established by the General Services Commission. To assure compliance with these rules and to achieve the maximum savings, the Texas Department of Health Travel Office is responsible for coordination and monitoring of travel as outlined below. The Travel Office is located in Room G-109 and can be reached by phone at 512/458-7777. The Travel Office will schedule and book travel services for official TDH business travel only.

TRAVEL ARRANGEMENTS FOR CENTRAL OFFICE EMPLOYEES

Airline ticket purchases for central office staff **MUST** be made through the Travel Office, or its contracted travel agency, using the following procedures. If an emergency situation occurs where an employee needs airline tickets after hours or on weekends, they should call Affordable Travel at 1-888-821-4503.

1. As soon as it has been determined that a central office employee will be conducting business travel, the Travel Office should be contacted. **EMPLOYEES NEEDING TO TRAVEL WITHIN A 100-MILE RADIUS OF AUSTIN DO NOT NEED TO CONTACT THE TRAVEL OFFICE.**

2. The Travel Office will determine the most economical method of travel. If it is determined it will be more cost effective to drive, they will make note of the driving trip. If it is more economical to fly, the Travel Office will supply times and prices for such travel to be used in the approval process. Some considerations regarding most economical methods of travel follow:

a. When a number of individuals (2 or more) are traveling to the same conference, meeting, etc., an inquiry will be made by the Travel Office as to whether the mission or purpose for attending such an event can be accomplished through the attendance of fewer participants or whether employees can travel together.

b. In many cases, the least expensive air fares to most Texas cities are 14-day advance purchase tickets. These super saver fares are subject to availability and the following apply: (1) In most cases, reservations must be made and tickets issued at least 14 days prior to departure. (2) Once a reservation is made, the ticket must be issued within 24 hours.

If advance purchase tickets are not being used due to the lack of advance purchase time required, an inquiry may be made as to whether such travel could be rescheduled.

c. Travelers should consider when their meeting begins. If the meeting begins in late morning or early afternoon and there are morning flights that will get the traveler there in time for the meeting, then reservations should not be made for the day before without justification for the cost of an extra night's per diem.

3. **AFTER** an airline trip has been approved (by the Division Director for in-state travel or the Associate Commissioner for out-of-state travel), the Travel Office should be contacted to make airline reservations. This approval is required before reservations are made because many tickets carry a penalty if canceled.

a. All airline tickets **MUST** be charged to a corporate credit card to comply with General Services Commission rules and to obtain discounted State rates. Employees who expect to incur \$500 or more in travel expenses, or make three trips per year, **MUST** apply for a corporate credit card. Applications are available from the Fiscal Division. The State of Texas has a contract with a credit card company to provide corporate cards to employees to be used **ONLY** for business related travel expenses. The program has no membership or enrollment fees.

TDH also maintains a centrally billed corporate card. Reservations charged to this card must be made by the TDH Travel Office, whether for central or regional employee travel, and requires submission of an approved AG-38 Form to the Travel Office. The centrally billed card may be used **ONLY** by the following:

(1) New employees who have not yet received their corporate credit card.

(2) Infrequent flyers (no more than 3 trips per year).

(3) Persons denied credit (must have applied and be listed on the denial list provided by Fiscal Division).

(4) Non-state employees * Must be a person being paid by TDH. * Can only use central card as a last resort (i.e., if they do not have a personal credit card and cannot pay by check) and must state this in the justification section of the AG-38 Form. The Division Director must then confirm that this is being used as a last resort.

(5) Persons who had a TDH credit card, but had the account closed by the credit card company. For those persons, the Manager of the Fiscal-Claims Section must be notified, in writing, why the account was closed, and then be granted permission to use the TDH centrally billed account.

b. After making flight reservations, the Travel Office will provide the traveler with the dates, times, cities, flight numbers, etc.

c. Employees will be informed of the date the ticket will be issued. Employees with their own individual corporate card will be issued a ticketless ticket and will be faxed an invoice/itinerary.

Those employees using the centrally billed account, their ticket may be picked-up after 3:00 p.m., in the TDH Travel Office.

4. CANCELLATIONS. If a trip is canceled after a ticket has been issued, the ticket should be returned immediately to the Travel Office. A credit will be issued to the employee's credit card account. These credit transactions may take as much as two billing statements. If there are any problems, contact the Travel Office for assistance.

Many airlines charge a penalty fee for cancellations of, or changes to, reduced rate tickets. Some advance purchase tickets are totally non-refundable and may not be changed. Employees traveling should, therefore, develop and maintain travel plans that are as rigid as possible.

The Comptroller will reimburse travelers for penalties imposed by the airlines because of ticket changes only if it results in more cost effective travel and is approved by TDH. For example: an employee finishes business earlier than planned and returns to headquarters one day early - the penalty fee for changing the ticket is less cost to the State than paying

for the extra day's per diem. Reimbursement for the penalty fee is obtained by completing a travel voucher describing the purpose of the trip, the reason it was canceled, benefits derived from the change and providing a receipt for the penalty fee. Penalty fees are coded as air fare on the travel voucher.

TRAVEL ARRANGEMENTS FOR REGIONAL/HOSPITAL EMPLOYEES

Regional/hospital employees are required to make travel arrangements through Affordable Travel. As soon as it has been determined that a regional/hospital employee will be conducting business travel by air, Affordable Travel should be contacted through their toll-free number (1-888-821-4503), with travel dates and times.

Information included above in Travel Arrangements for Central Office Employees that also apply to regional/hospital travel are:

1. Item 2 regarding most economical means of travel.
2. Item 3a regarding use of corporate charge card (However, the hospitals and some regions use a centrally billed card - employees should check with their supervisors for appropriate procedures for that specific location.); and,
3. Item 4 regarding cancellations. (However, canceled tickets should be returned to Affordable Travel and any questions/problems referred to them.)

It is the responsibility of the Assistant Regional Directors for Administration in the regions and the Assistant Hospital Director in the hospitals, to make sure all rules are followed.

FREQUENT FLYER MILES

State Ethics Advisory Opinion No. 1984-6 addresses frequent flyer miles. According to his opinion, it is illegal for an employee to use frequent flyer miles accumulated through state travel for personal use if: a) the airlines have not limited frequent flyer miles to only personal use; b) the financial management of TDH has made a determination that the frequent flyer miles could be used for the business of TDH. Under amendments to the Penal Code, effective September 1, 1994, it will no longer be a crime for an employee to use frequent flyer miles for personal use. However, a state agency may still recapture the frequent flyer miles from its employees if it chooses. The Texas Department of Health does use frequent flyer miles for business travel, therefore, any coupons or awards received for official travel must be turned over to the TDH Travel Office.

OTHER TRAVEL ARRANGEMENTS

AIRCRAFT POOLING BOARD (APB) TRAVEL The Travel Office will coordinate requests for use of state-owned aircraft from the Aircraft Pooling Board when such is the most cost efficient and effective method to travel. Travel must be approved and travelers must provide a complete list of passengers and the budget-fund-activity codes to charge each passenger's share of the costs to. APB arrangements should be made in advance to insure aircraft availability.

RENTAL CARS - Rental car bookings, if needed, should be made along with airline reservations through the Travel Office for central office employees or through Affordable Travel for regional/hospital employees. State contracted rates **MUST** be used unless one of the exemptions to General Services Commission rules applies (see last section).

HOTELS - The General Services Commission publishes the "Texas State Travel Directory" which lists hotels that provide special rates to State government employees. Limited copies are provided to all Divisions, Regions and Hospitals by the Travel Office. Additional copies may be ordered. The listed hotels **MUST** be used when hotel accommodations are needed unless one of the exemptions to General Services Commission rules applies (see last section). It should be noted that some hotels require a State Identification Card for the special rates. Cards may be obtained from the Bureau of Human Resources.

GENERAL SERVICES COMMISSION CONTRACTS/RULES

The General Services Commission negotiates contracts for travel agency, charge card, rental car, airline, hotel and other travel services contracts. These contracts for travel services **MUST BE USED** unless one of the conditions listed below exist.

The Comptroller **WILL NOT REIMBURSE** an employee for the purchase of commercial airline or rental car transportation **IN AN AMOUNT EXCEEDING THE CONTRACT RATE** established by General Services Commission unless one of these conditions exist. The existing condition **MUST** be stated on the travel voucher.

1. **In travel status**. The traveler is already in travel status which renders the use of a contract travel agency impractical or unnecessary.
2. **Part of group**. Travel is undertaken as part of a group program for which reservations must be made through a specified source to obtain a specified rate or service.
3. **Contractor not time efficient**. A contract travel vendor cannot provide services in the time period required to accomplish the purpose of the travel.
4. **Contractor not available**. A contract travel vendor's services are not available in a location that will reasonably allow the business requirements of a traveler to be fulfilled.
5. **Contractor sold out**. A contract vendor is unable to provide the required services because it is sold-out or does not offer services in the city being visited.
6. **Non-contract rental car/hotel lower total cost**. Alternative rental car or hotel arrangements can be made at a lower total cost than the contract hotels or rental car companies. For rental cars, total costs include the base rate, loss/damage waiver protection, mileage charge, surcharges and cost for comparable liability insurance protection. For hotels, the total includes cost of the guest room, without taxes; travel time to point of business location; transportation costs such as taxi or rental car; and/or parking fees.
7. **Contractor lower fare or rate**. A contract vendor offers a fare or rate lower by any amount than the contract fare or rate.
8. **Lower total cost using non-contract airline**. A non-contract airline offers a published fare to the general public which results in a lower total trip cost, including travel time, to the agency. However, lower or identical airfares ("matched") airlines offered to state travelers only are not

included within this exception.

9. **Disabled traveler/Transporting person in custody/Medical.** Travel is undertaken by persons with disabilities, by persons transporting prisoners or other persons in the custody of the State, or in a medical emergency.

10. **Security/Safety risk.** Use of contract travel vendors is perceived by the state traveler to present a security, safety, or health risk to the state traveler.

11. **Not eligible for contract.** Travel is by persons who, under Section 125.1 of the GSC travel rules, are not eligible to use the contract services or rates (e.g., consultants).

12. **Companion fare or discount rate.** Promotional air fares used by two or more travelers on a companion basis resulting in an average air fare for each state traveler that is lower than the individual contract fare.

TEXAS DEPARTMENT OF HEALTH

PROCEDURES AND FORM PREPARATION GUIDELINES

INSTRUCTIONS FOR FORM B-61 REQUEST FOR REGISTRATION/MEMBERSHIP FEES/OUT OF STATE TRAVEL

Form B-61 is required for the payment of registration fees, membership fees, or out-of-state travel expenses. Employees are not required to complete this form for in-state travel. This does not prohibit the use of this form for approving in-state travel should department managers determine it is a useful tool for tracking employee travel.

1. **Membership Fee** - Indicate whether membership is in the name of Texas Department of Health or an individual. Verify that the organization receiving the payment does not employ state-paid lobbyists. If membership is not in the name of TDH, specify the exact membership name.
2. **Registration Fee-Name of Registrant** - List your name.
3. **Meeting Dates- From-To** - Enter the inclusive dates of the meeting, seminar or conference.
4. **Fee - Includes Meals Already Included in Per Diem Estimate** - Enter the amount of the membership/registration fee and if meals are included in the fee, state the number of meals to be provided.
5. **List others attending within associateship** - List other associateship employees attending the same meeting.
6. **Fee Paid To** - Enter the official name of the association, society, or organization charging the fee.
7. **Expected Benefit to Department/State** - State how this trip or fee will benefit The Texas Department of Health.
8. **Charge To - Fund - Budget-Category** - Enter the fund and budget being charged for your travel.
9. **Name of Traveler - In-State, Out-of-State** - Your name as it appears in the payroll records. Designate In-State or Out-of-State travel.
10. **Headquarters** - Enter name of your headquarters city.
11. **Destination** - Enter the name of destination city.
12. **Transportation - Auto, Airplane, Other** - Designate what type of transportation will be used.

13. **Dates/Time of Departure/Return** - Enter the inclusive dates of travel.
14. **Estimated Cost - Transportation - Per Diem - Other- Total** Enter an estimate of the cost of your transportation, per diem, other anticipated expenses and the total estimate.
15. **Rental Car- Yes/No - Approximate Cost** - State whether you plan to rent a Car. If so, give the approximate cost.
16. **If Traveling By Car, List the Names of Occupants Riding With You.**
17. **Charge To - Fund - Budget-Category** - Enter the fund and budget being charged for your travel.
18. **If no cost to State, please explain** - If your travel expenses are not to be reimbursed by the state, please explain.
19. **Purpose of Travel** - State the purpose for which you are making the trip.
20. **Signatures** - Sign, date and forward to the appropriate level.



TEXAS DEPARTMENT OF HEALTH
REQUEST FOR REGISTRATION/MEMBERSHIP FEES/OUT-OF-STATE TRAVEL

All employees are required to receive approval for payment of Registration, Membership fees, or out-of-state travel expenses prior to departure or meeting dates. Complete all applicable sections of this form, sign and give to supervisor for approval.

- ☐ Membership Fee - membership to be in name of: _____
We have verified that this organization does not, to the best of our knowledge, employ a Texas-registered lobbyist.
- ☐ Registration Fee - Name of Registrant _____
- ☐ Texas Department of Health, or
☐ Individual _____

Meeting dates - From: _____ To: _____

Fee: _____ Includes: _____ meals already included in per diem estimate.

List others attending within Associateship _____

Fee paid to: _____
(Official name of Association, Society, Organization, etc.)

Expected benefit to Department/State: _____

Charge to - Fund: _____ Budget: _____ Category: _____ 88

Name of Traveler: _____ In-State ☐ Out-of-State ☐

Headquarters _____ Destination: _____

Transportation: ☐ Auto ☐ Airplane ☐ Other (Explain): _____

Dates/Time of Departure: _____ Return: _____

Estimated Cost-Transportation: _____ Per Diem: _____ Other: _____ Total: _____

Will rental car be used on this trip? Yes _____ No _____ If yes, approximate cost: _____

If traveling by car, please list names of occupants riding with you, if _____

Charge to - Fund: _____ Budget: _____ Category: _____ 11

If no cost to state, please explain: _____

Purpose of travel: _____

Date _____

Employee

Date _____

Division Director, Local Health Department Director, or
Regional Director

Date _____

Bureau Chief

Date _____

Associate Commissioner

Date _____

Assistant Deputy Commissioner for Administration

(Signature approval as required in Administrative Policy XO-0102)

**TEXAS DEPARTMENT OF HEALTH
RULES FOR TRAVEL ADVANCE**

1. An employee's eligibility to request an advance is not affected by whether or not they have a Bank of America Corporate Card. The travel advance fund is available to all Department employees.
2. A travel advance cannot be issued to an employee who will be reimbursed by any source other than the Texas Department of Health.
3. Advances can only be issued for trips that involve an overnight stay.
4. An employee is limited to one advance per calendar month; however, a single request may cover multiple overnight trips.
5. The advance cannot include partial per diem.
6. Employees may request an advance for up to 100% of estimated travel expenses, excluding partial per diem expenses. You must have a minimum of \$100.00 of estimated expenses to qualify for an advance. Airfare may be claimed on an advance only when employee is incurring the expense; employees not having a Bank of America Corporate Card must use a BTA account for airfare.
7. A "Travel Advance Request Form" should be completed by the employee requesting the advance. This form is submitted to the employee's Program Director in duplicate for approval.
8. The Program Director will determine if the request is proper and in compliance with the applicable rules. If the request is approved, send the original and one copy to the Fiscal Division at least 3 working days prior to the date the check is needed. (Allow at least 10 days for regional checks) The copy will be returned to the employee with the travel advance check. Fax copies will be accepted by Fiscal.
9. Employees having a travel advance **must submit their reimbursement travel voucher by the 10th of the following month.** The travel voucher must be clearly marked "Travel Advance" and entered into the Accounting Information System as a Travel Advance Voucher.
10. It is the responsibility of the Program Director to see that employees promptly file their travel claims and make any necessary reimbursement. It is also the director's responsibility to notify the Fiscal Division immediately if an employee having an advance terminates employment.
11. Employees whose advance for travel expenses exceed their travel claim should attach a check, payable to the "Texas Department of Health", to their travel voucher for the amount the advance exceeded the claim.

(continued)

12. An employee who abuses the Travel Advance Fund will be subject to disciplinary actions up to and possibly including termination of employment. Examples of abuse include, but are not limited to, the following:
- a. Failure to reimburse the fund promptly, if trip is canceled
 - b. Reimbursing the fund with a check that has insufficient funds
 - c. Failure to submit a voucher within specified time
 - d. Failure to follow published procedures

**INSTRUCTIONS FOR FORM B-58
REQUEST FOR TRAVEL ADVANCE**

1. **Requesting employee** - Enter your name as it appears in the payroll records. (Please print or type.)
2. **Employee Number** - This is the 14 digit number printed on your monthly earnings statement. (Also used on your travel voucher)
3. **Person to contact when check is ready** - The person the Fiscal Division should call when your check is available.
4. **Phone** - The telephone number of the person listed on 3 above.
5. **Division/PHR Region** - Enter the name of your payroll budget.
6. **Actual Dates of Travel** - Enter the dates of travel covered by the advance.
7. **Car Expense** - Enter the estimated number of miles for your trip and complete the extension to the right.
8. **Expenses**
Lodging: Enter daily cost of hotel room (not to exceed approved rates) and multiply by the number of nights spent. Lodging cannot be claimed on day of return.
Meals: Enter daily estimate of meals and multiply by the number of days of your trip. Meals may be claimed on day of return. Partial per diem cannot be included.
9. **Other Expenses (Itemized)** - List the type and dollar amount of other anticipated costs of your trip (e.g. rental car, taxi).
10. **Total Estimated Travel Costs** - Enter total of car expense, lodging and meal expense, and other itemized expenses.
11. **Employee Signature Block** - Enter the dollar amount requested, your signature and the date.
12. **Charge** - Enter the fund, budget, category and activity code to charge for your travel.
13. **Division/Regional Director** - This is for your Director's signature.

The rest of the form will be completed by the Fiscal Division.

AGREEMENTS WITH BANK OF AMERICA

CENTRAL BILLED ACCOUNT

The State of Texas has an agreement with Bank of America to provide a Central-Billed Account (CBA) for each Associateship, Region or Hospital. These accounts are for airline ticket charges only. Associateships, Regions or Hospitals choosing to set up a CBA should contact the Fiscal Office.

Each Associateship, Region or Hospital will determine which employees are eligible to use their account, and will be responsible for ensuring the proper use of the account, processing the vouchers to reimburse the account and for reconciling the account.

TDH will maintain a Central Office CBA through the Travel Office. This account will be limited to individuals whose Associateship, Region or Hospital chooses not to set up a CBA and meet one of the following requirements:

1. New employees who have not yet received their corporate credit card.
2. Infrequent flyers (spend under \$500 or make no more than three trips, per year)
3. Employees denied a credit card by Bank of America
4. Non-state employees whose airfare is being paid by TDH
5. Employees whose corporate card was canceled by the credit card company
(Permission must be granted by the Fiscal Division)

Employees, whose Associateship, Region or Hospital chooses not to set up a CBA, must apply for an individual-billed corporate card if they meet the state charge card eligibility requirement. If they do not meet the eligibility requirement or if they are denied a card, they are eligible to use the Central Office CBA. Contracted airfare rates can only be obtained using a state-issued charge card.

Employees purchasing airline tickets on a CBA must submit a completed form AG-38, Authorization for Use of Central Department Credit Card. This form can be obtained by contacting the TDH Travel Office at (512) 458- 7777.

INDIVIDUAL BILLED CORPORATE CARD

Bank of America has agreed, to provide employees an individual-billed corporate card for use with business related travel expenses.

The program has no membership or enrollment fees to be paid by the employee. The program offers up to \$500,000 Automatic Common Carrier Travel, Accidental Death and Dismemberment Insurance. This insurance is provided at no additional cost to cardholders when employees charge full-fare tickets for land, sea or air public transportation on The Bank of America Corporate Card.

The program also offers Baggage Insurance which provides reimbursement for direct physical loss or damage to checked and/ or carry-on luggage.

Applications are available on Fiscal Common Forms via the Fiscal WebPage at www.tdh.tx.state.us/fiscal or may be obtained from the Fiscal Division.

Employees purchasing airline tickets on a CBA must submit a completed form AG-38.

DEPARTMENT RULES

1. Employees who expect to incur over \$500 of Department travel expenses, or make more than three trips, in a year, must apply for a Corporate Card.
2. TDH has implemented a State-Issued Travel Card Use Agreement as part of the charge card application which must be signed by all cardholders and their supervisors. The agreement lists the proper uses of the card and penalties for misuse.
3. All applications are to be submitted through the Fiscal Division.
4. When a card is issued, the employee is responsible for:
 - a. Using the card only for Department travel or business expenses.
 - b. Making timely payments for all expenses charged to the card, within the terms of the cardholder agreement.
 - c. Returning the card through their Division Director to the Fiscal Division when termination of employment occurs or when specifically asked to return the card.
5. Expired cards should be destroyed rather than returned to the Fiscal Division.
6. It is the responsibility of the Division Director to aid Bank of America and the Fiscal Division in reclaiming any cards from employees who terminate or who default on their payments to Bank of America.



STATE OF TEXAS - Corporate Travel Charge Card Application

APPLICANT, please complete all items. Incomplete application will NOT be processed.

Name: (As you want it to appear on card-MAX 23 characters including spaces)

Home Address: (Street Address)

City/State/Zip Home Phone Number

Billing Address**: (Street Address) **If different than Home Address Work Phone Number

City/State/Zip Current Salary (Optional)

Social Security Number: 501 State Agency/Univ #: N/A Internal Accounting Code
(Entire ssn required for processing request) (Three digit number) (Max 22 digits)

Your signature indicates that you are 18 years or older, the above information is true and correct, you are: a U.S. Citizen or national, a lawful Permanent Resident, an alien authorized to work until _____, and your state agency or university has authorized your use of the Bank of America Corporate Travel Charge Card. You agree that Bank of America may verify your information and obtain credit reports. You authorize Bank of America to notify your state agency or university of the Bank's approval or decline of your application. If your application is approved, you agree to be bound by the Corporate Card and Commercial Card Cardmember Agreement which we will send with each card.

Applicant's Signature (Application will not be processed without signature.) Date Signed

N/A N/A

Departmental/Supervisor's Signature Date Signed
(Optional based on state agency's internal policies.)

Program Administrator Information

Please complete all items or application WILL NOT BE PROCESSED.

159 117.159.2

BOA Assigned Company #: BOA Assigned Hierarchy Number
(three digit number) Not SA Code (Entire hierarchy string, which begins with 117.XXX, etc)

TX DEPT OF HEALTH-501

State Agency/University Name & 3-digit number (23 characters only, including spaces)

Mailing Method:

☐ US Mail ☒ Cardholder ☐ State Agency Address
☐ Overnight ☐ Alternate Address (next section required for processing)

If Alternate Address, please complete below for processing:

Recipient's Name:

Physical Address:

City/State/Zip:

NO PO BOX's or will send Regular Mail to Cardholder

Authorized Signer: (Please provide signature, printed name & date) Date Signed

(512) 458-7435 (512) 458-7442

Phone Number: (REQUIRED- Please include area code) Fax Number: (REQUIRED)

Requested Credit Limit: \$

For Bank Use ONLY

Bank/Agent Number: 3564 / 0118 Extension Record: TXRETAIL (leave action blank) w/ \$200 cycle limit

Application Status: ___ Approved ___ Declined

Credit Approving Officer: User Code 2: 00000000000000112

Applicant:

Please complete form and send to:

FISCAL CLAIMS
1100 W. 49TH ST.
AUSTIN, TX 78756

OR

FAX: (512) 458-7442

Program

Administrator:

Please complete form and fax to:

757-533-7999

PA Name:

Joe Banda

PA phone #:

(512) 458-7435

PA fax #:

(512) 458-7442

STATE-ISSUED TRAVEL CARD USE AGREEMENT

I agree that use my Bank of America MasterCard, referred to as "the Card" below, will be governed by the following policies:

Retail Spending

I understand the Card is to be used for State of Texas business travel charges only and is not for Personal use. Use of the Card for charges other than official State business is a direct violation of the State's contract with Bank of America, Ethics Commission Advisory Opinion No. 147, and the State Travel Management Program's rules [1 TAC 125.9(a)] and, therefore, a misapplication of the Card. Further, I understand that any misuse will result in disciplinary action up to and possibly including termination of employment.

Acceptable usage includes only items normally reimbursable, in whole or in part, on travel vouchers. Purchase of gasoline for state travel is allowable, but no other automotive related expenses are allowed.

I understand that while on travel status, if an emergency situation (lost luggage, automobile breakdown) necessitates the use of the Card, I must maintain all receipts and documentation. I must provide a written explanation to the appropriate Associate Commissioner within three business days.

Delinquency

I will be responsible for all charges resulting from use of the Card and understand that I am required to pay the account in a timely manner. Further, I understand that if my account goes **60 days delinquent**, disciplinary actions up to and possibly including termination of employment will follow.

If my card is suspended or canceled for misuse, non-payment, or any other reason, I will not be eligible for travel advances for the duration of my employment with TDH.

TDH will receive reports of my card usage in order to monitor my account.

My Associate Commissioner will be notified in writing of any apparent misuse or delinquency on my individual card account. I also understand that any proven misuse of the Card will be reflected in my next scheduled performance journal and be placed as a permanent notation in my personnel file with TDH.

This signed agreement becomes legally binding and will become part of my personnel file with TDH.

I understand the above-stated policies, regulations, and penalties for using a State of Texas Individual travel charge card and agree to abide by them.

Signature of applicant

Signature of Supervisor

Printed name of Applicant

Printed name of Supervisor

Printed name of Program or Division

TDH Budget Number

Date

INSTRUCTIONS FOR FORM AG-38
AUTHORIZATION FOR USE OF CENTRAL DEPARTMENT CREDIT CARD

See Administrative Policy XO-1601 for further information regarding the use of Form AG-38.

Instructions for completing form:

1. **Requesting Division/Region** - Enter the name of your Division/Region.
2. **Telephone and Extension** - The office number the Travel Office should call when your airline ticket is ready for pick up.
3. **Name of Traveler** - Your name as it appears in the payroll records.
4. **Employee Identification Number** - As it appears on your payroll earnings statement.
5. **Type** - Designate "Round Trip" fare or "One Way".
6. **From - To** - This is the airport where your air travel begins and the destination airport.
7. **Via** - If you are not going by direct routing, give the junction points (For example - From: Austin To: Lubbock via: Dallas-Love Field).
8. **Purpose of Trip** - You must give the purpose for making the trip. Do not use abbreviations.
9. **Benefit to Department** - Explain how this trip will be of benefit to the State.
10. **Justification For Use of Department Card over Personal Corporate Card** - Explain the reason for not using your personal corporate card.
11. **Dates of Travel** - Enter the specific dates of travel, month, day and year.
12. **Charge** - Enter the fund, budget, category, and activity code to charge the airfare.
13. **Signature: Traveler - Date** - Your signature and the month, day, year.
14. **Signature: Director - Date** - Director's signature, month, day, and year.

Immediately upon completion of your trip, send your ticket receipt to the Travel Office or to the Associateship, Region or Hospital which charged your ticket on their account. Be sure your name is on the receipt. **Air travel paid for in this manner is not claimed on your travel voucher.** Do not attach the ticket receipt to your travel voucher.

AUTHORIZATION FOR USE OF CENTRAL DEPARTMENT CREDIT CARD

Texas Department of Health

TO: CENTRAL TDH TRAVEL OFFICE

FROM: Fiscal Division
Please Issue a Corporate Card Charge for

Telephone & Extension: 458-7435 ext 2259

Margaret L. Milam

Name of Traveler

Employee's I.D.No.

TRAVEL AGENCY/CREDIT CARD COMPANY ISSUING TICKET: Affordable Travel/Bank of America

CLASS: Lowest available airline fare at the time reservation is made

TYPE: ☐ Round Trip ☒ One Way **9**

FROM: Austin TO: St. Louis, Missouri

VIA: Dallas-Ft. Worth Airport
(Give Junction points if not direct routing)

PURPOSE OF TRIP: (Give reason for trip)

To attend the National Association of Accounts Examiners Workshop/

BENEFIT TO DEPARTMENT:

To gain knowledge of the most recent rules and guidelines for Accounts Examiners. This knowledge will help me to better perform my duties with the Texas Department of Health.

JUSTIFICATION FOR USE OF CENTRAL DEPARTMENT CREDIT CARD OVER PERSONAL CORPORATE CARD:

I am a new employee and have not received my personal card.

DATES OF TRAVEL: 11/18 thru 11/20/99 This travel is for official state business and has been approved by the proper authority as provided in the current Health Department Travel

Regulations.

Charge:

<u>Fund</u>	<u>Budget</u>	<u>Category</u>	<u>Activity</u>
00001	6C610	11	001

SIGNATURE: Traveler Signature Date

APPROVED:

Director Signature
SIGNATURE: Director Date

NOTE: Complete this form in duplicate and present both copies to the Travel Office at the time the tickets are picked up.

**PREPARATION GUIDELINES FOR
FRONT OF TRAVEL VOUCHER FORM**

Voucher Section:

4. **Document #** - The voucher number must begin with 1F.
6. **Document Date** - Enter the first date of travel covered by this voucher.
9. **Document amount** - Enter the total costs you are claiming.
10. **Pay To** - Please PRINT or TYPE your name and home mailing address. This must be legible.
11. **Payroll Title** - Enter your payroll classification not your working title.
12. **Designated Headquarters** - Enter the city or town Example: Austin, not Region1.
13. **Payee Identification Number** - This is the 14 digit number printed on your monthly earnings statement. This entry must be legible and fit within the block. Please omit any dashes or spaces.
14. **Agency Use** - Provide information for the funding of your travel. Use your payroll budget unless prior written approval has been received from the Fiscal Office Division Director. Special committees, such as the EEO committee, that have their own travel funds budgeted are an exception to this rule. If more than one activity received benefit from your travel, label activity code as "multi" and attach a completed multi-activity travel report.
16. **Service Dates** - Enter the last date of travel covered by this voucher..
18. **Distribution** - Enter total costs for each area as determined on the back of the voucher. Be sure to itemize Incidental Expenses. These could include telephone, registration fees, and hotel occupancy taxes. On hotel taxes, list **state** and **local** taxes, separately. Telephone expenses must be labeled "official business" and the dates the calls were made must be itemized.
19. **Employee Certification** - Fill out and sign this portion before submitting.
An uncertified voucher will returned.
20. **Contact name** - Enter the name and phone number of person preparing the voucher.
21. **Entered by** - Individual who entered on automated system.
22. **Agency Approval** - All travel vouchers must have an authorized program signature before being forwarded to the Fiscal Division.

Note: Submit travel voucher form with original receipts and original signatures.

STATE OF TEXAS

TRAVEL VOUCHER/FORM

Page 1 of 4

WP 6.1(4/98)

1. Archive reference number	2. Agency number 501	3. Agency name TEXAS DEPARTMENT OF HEALTH					4. Current document number
	5. Effective date	6. Doc date(First Date of Travel) 01/01/2000	7. Doc agency 501	8.FY 00	9. Document amount 1,144.77	1F 120957	

10.Payto:(Name,address, city, state, ZIP Code)

Margaret L. Milam
1907 Capitol Hill
Austin, Texas 78732

11. Title

Accounts Examiner

12.Designated headquarters

Austin, Tx

13. Payee identification number

24516023439000

14.AGENCY USE

FUND 00001

BUDGET 6C610

CAT 11

ACTIVITY multi

The account coding shown here represents a coding reduction scheme. Complete coding information is maintained within the TDH accounting system and stored as part of the official document record.

15. FX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
001							
	AGENCY USE						
	AGENCY USE						

15. FX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
002							
	AGENCY USE						
	AGENCY USE						

16.Service dates(Last date of Travel) 01/31/00	17. Description TDH Travel
---	-------------------------------

18. DISTRIBUTION	AMOUNTS
Expense itemization for in state travel	
Fares, Public Transportation(Attach Receipts) Taxi 10.50 Air Fare 180.00 Rental car 49.80	240.30
Personal car mileage 18.8 Miles @ (Rate set by Legislature) .28	5.26
Meals and/or lodging	203.00
Parking Austin airport 01/05 & 01/06--9.00, 01/25,26,27--13.50	22.50
Incidental expenses (Itemize) Local hotel taxes	7.85
State hotel taxes	9.95
Expense itemization for out-of-state travel	
Fares, Public Transportation Taxi 23.00 Air Fare 260.00 Rental car	283.00
Personal car mileage 9.4 Miles @ (Rate set by Legislature) .28	2.64
Meals and/or lodging	347.00
Parking airport	10.00
Incidental expenses (Itemize) hotel taxes	13.20
TOTAL	1,144.77

19. I certify that the expense account shown above is true, correct and unpaid. All claims for mileage reimbursement are based on the shortest distance between points or the most cost effective route considering the value of the employee's time.

Claimant sign here	Date	Supervisor sign here	Date
--------------------	------	----------------------	------

20. Contact name

Phone(Area code and number)

21.Entered by

22.Approved sign here

Title

Date

**PREPARATION GUIDELINES FOR
REVERSE SIDE OF TRAVEL VOUCHER FORM**

Voucher Section:

- a. **Leave Headquarters** - Enter the date and time you started travel. Use "A" for A.M.; "P" for P.M.; "N" for Noon; and "M" for Midnight.
- b. **Arrive Headquarters** - Enter the date and time travel was completed.
- c. **Meals- non overnight** - To claim, you must be; 1. on duty; 2. away from your headquarters and residence city for six consecutive hours or more; 3. not required to stay overnight.
- d. **Meals** - Enter your actual expense for meals not to exceed \$25.00. This section is used only if overnight lodging is required.
- e. **Lodging** - Record commercial lodging not to exceed \$70.00 per night. All original lodging receipts must be attached to the voucher.
- f. **Total** - Enter the total amount for meals and lodging (section d and e).
- g.h.i.- Actual expenses are used only for those claimants entitled as outlined in the current appropriations act. Contact the Fiscal Division prior to actual travel if there is any question as to eligibility for actual expense reimbursement.
- j. Enter total amount claimed for Meals non overnight.
- k. Enter total amount claimed for expenses (maximum of \$95.00 per day).
- l. Enter total amount claimed for actual expenses.
- m. thru x. - Out-of-State travel. Employees receive a reimbursement rate for meals and lodging based on the Federal Travel Regulations.
- y. **Information Required by the State of Texas Travel Allowance Guide** - Enter by date, the mile age between and duties performed at each destination. Report all mile age separately. The explanation of duties should include a brief statement which shows:
 - 1. purpose of the trip
 - 2. nature of the official business
 - 3. benefit to the state
 - 4. multiple traveler justification

If your duties are the same each day you may provide a blanket statement in the narrative listing duties performed and the benefit to the state.

Attendance at conventions, meetings, and seminars must apply to the employee's performance of duties and show a benefit to the state.

Avoid using initials and abbreviations in the narrative unless they are clearly explained.

FREQUENT ERRORS ON TRAVEL VOUCHERS

1. Taxi fares not itemized; show destination and fare for each trip.
2. Receipt for lodging not attached, or name on receipt is different from claimant.
3. Failure to explain why lodging receipt shows two individuals staying in same room. Must explain if sharing room with another state employee or reduce amount claimed to single room rate.
4. Failure to attach airfare receipts to the voucher when an employee pays for the fare.
5. "Service Dates " not filled in, or incorrect dates shown.
6. Approved out-of-state travel request (B-61) not attached to travel voucher.
7. No approval by the director or other authorized individual.
8. Purpose of trip not sufficiently stated. Please state duties performed and how they benefit the Department.
9. Per diem incorrectly computed, away from headquarters or residence city less than six (6) hours.
10. Multiple Activity Travel Reports are not balanced to the amount shown on the travel voucher.
11. Employee identification number incorrect, illegible, or missing.
12. Use of abbreviations or acronyms without explanation of meaning.
13. Claiming mileage from residence to/from duty point within residence or headquarters city without deducting one round trip between residence and place of employment.
14. Form B-19 not submitted when attending TDH-Sponsored training, conference or seminar.
15. Multiple Traveler Justification missing. (required for all travel)

IN-STATE								PER DIEM (Lodging Receipt Required)				ACTUAL EXPENSE		
a. Leave Headquarters				b. Arrive Headquarters				c. Meals non overnight not to exceed \$25	d. Actual meals not to exceed \$25	e. Actual lodging not to exceed \$70	f. TOTAL not to exceed \$95	g. Meals	h. Lodging	i. TOTAL
Date	Hour	Min	m	Date	Hour	Min	m							
01/04	1	05	p						7.40	45.00	52.40			
				01/05	5	00	p		12.00		12.00			
01/25	9	00	a	01/25	5	00	p	18.00						
01/26	9	00	a						22.00	44.00	66.00			
01/27									10.60	44.00	54.60			
				01/28	4	30	p		0.00		0.00			
TOTAL PARTIAL PER DIEM								j. 18.00	TOTAL MEALS AND LODGING		k. 203.00	TOTAL ACTUAL EXPENSE		

7107134

7106100

OUT-OF-STATE								PER DIEM (Lodging Receipt Required)				ACTUAL EXPENSE (No Receipts Required)		
m. Leave Headquarters				n. Arrive Headquarters				o. Meals non overnight not to exceed \$26	p. Meals not to exceed Federal Rate	q. Actual lodging not to exceed Federal Rate	r. TOTAL not to exceed Federal Rate	s. Meals	t. Lodging	u. TOTAL
Date	Hour	Min	m	Date	Hour	Min	m							
01/18	8	00	a						14.00	66.00	80.00			
01/19									26.00	66.00	92.00			
				01/20	7	30	p		19.00		19.00			
01/21	8	00	a	01/21	5	00	p	26.00						
01/29	9	00	a									25.00	80.00	105.00
				01/30	10	00	p					25.00		25.00
TOTAL PARTIAL PER DIEM								v. 26.00	TOTAL MEALS & LODGING		w. 191.00	TOTAL ACTUAL EXPENSE		

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7116100

DATE	y. INFORMATION REQUIRED BY THE <u>STATE OF TEXAS TRAVEL ALLOWANCE GUIDE</u> AND OTHER PERTINENT INFORMATION.	MILEAGE POINT TO POINT*
01/04	** More than one auditor or investigator were required to attend in order to accomplish the required tasks. Departed Austin Headquarters to airport via personal vehicle. (4.7 mi.) Commercial airlines to Houston to conduct a financial review of City of Houston Health Dept. Traveled via taxi (\$10.50) from airport to Holiday Inn for lodging.	4.7
01/05	Traveled via taxi (\$2.00) from lodging to Houston Health Department. Conducted financial review, completed duties and returned to Houston airport via courtesy ride. Depart Houston to Austin airport via commercial airline. Returned to headquarters in personal vehicle. (4.7 mi.)	4.7
01/18	**Multiple employees attended the same event, where different presentations were simultaneously presented. From Austin headquarters to airport in personal vehicle (4.7 mi.) via commercial airline to Washington D.C. for Financial Management Seminar. Taxi from airport to hotel. (11.00)	4.7
01/19	Continued duties from previous day.	4.7
01/20	Concluded duties from previous day. Returned to airport via taxi (12.00). Returned to Austin via Commercial airline. To headquarters. (4.7mi.)	
01/21	**Multiple employees attended the same event, where different presentations were simultaneously presented Departed Austin Headquarters(courtesy ride given by state employee) to St. Charles Louisiana to attend Accountants Conference. Returned to Austin .	
*Show point-to-point breakdown, including intra-city mileage claims		

Use an additional form or a "CONTINUATION SHEET", if additional space is needed.

DATE	"CONTINUATION SHEET"	MILEAGE POINT TO POINT*
01/25	<p>** More than one auditor or investigator were required to attend in order to accomplish the required tasks. From Headquarters via rental car to San Antonio to conduct audit of WIC local agency. Returned to headquarters.</p>	
01/26	<p>** More than one auditor or investigator were required to attend in order to accomplish the required tasks. Departed TDH main office to airport via personal vehicle (4.7 mi.), traveled via commercial airline to Dallas to conduct audit of Dallas County Health Department .</p>	4.7
01/27	Continued duties of previous day.	
01/28	Concluded audit of Dallas County Health Department and returned to Austin airport. Departed airport to TDH main office via personal vehicle. (4.7 mi.)	4.7
01/29	<p>**Multiple employees attended the same event, where different presentations were simultaneously presented Departed headquarters as passenger with another state employee, traveled to Monterrey Mexico to attend International Account Examiners conference.</p>	
01/30	Attended second day of conference. Returned to headquarters.	

**INSTRUCTIONS FOR FORM B-71
MULTIPLE ACTIVITY TRAVEL REPORT**

1. **Employee Name** - Fill in your name exactly as shown on travel voucher.
2. **Travel For Period** - Enter month, day and year as shown on your travel voucher.
3. **Daily Totals**
 - a. Date - Enter the month and day to correspond with your travel voucher.
 - b. Hours - Total duty hours worked that day while on travel status.
 - c. Mileage - Total mileage that day as shown on voucher.
 - d. Per Diem - Total per diem for that day as shown on voucher.
 - e. Other - This covers public transportation, parking fees, registration fee, telephone and other expenses you are claiming for reimbursement for that day.
4. **Activity Code**
 - a. Hours - Your total duty hours worked that day on that activity while on travel status.
 - b. Mileage, Per Diem and other Charges - Spread your travel costs for that day to the number of program activities for which you worked while traveling. This is done by the ratio of hours on each activity to the total hours on travel status. For example, if your travel time was evenly split between two activities, each activity would receive half of the travel costs for that day.



REQUEST TO INCREASE MAXIMUM OUT-OF-STATE LODGING RATE

Appropriations-General Act, 76th Leg., R.S., ch. 1589, sec. 9-5.06(c), 1999 Tex. Sess. Law Serv. 5446, 6271 (Vernon)
(House Bill No. 1); Sections 3.05 (C) and 3.06 (C) of the *State of Texas Travel Allowance Guide (Guide)*.

A higher lodging rate may be requested only for **out-of-state travel**. If reasonable lodging is unavailable in an out-of-state duty point, please see Sections 3.05 (E) and 3.06 (E) of the *Guide*. A higher lodging rate request may not be required.

Please provide all of the following information.

Agency name	Agency number	Fax number (Area code and number)
Agency contact name		Phone (Area code and number)
(If neither the city nor the county are listed in the Comptroller's maximum reimbursement rates, then use the median maximum reimbursement rates for the state.)		

This request must be received by the Comptroller not later than the 10th business day before travel begins. This form may be faxed to the Claims Division at 512-475-0588.

Dates of lodging (Check-in date)		(Check-out date)	
to			
Name(s) of traveler(s)			
Name of lodging establishment		Rate requested	Comptroller's maximum lodging rate for the duty point
City (Duty point)	County	State	
Check reason for request			
<input type="checkbox"/> Designation would result in a decreased total cost of travel to the state (complete reverse side of this form); or			
<input type="checkbox"/> Agency has confirmed with a travel agent that no safe lodging is available for less than or equal to the maximum lodging reimbursement rate for the duty point.			
Travel agent and agency name		Phone	

If the traveler or the agency is always exempt from required participation in GSC's hotel contracts, please disregard the following paragraph.

The General Services Commission (GSC) may have contracts with hotels at the duty point to which the employee or the prospective employee is traveling. The GSC contracts must be used unless an approved exception condition exists. These exceptions can be found in GSC's administrative rules and are also reiterated in GSC's *Texas State Travel Directory*. Is there a contracted hotel in the duty point to which you are traveling? Yes _____ /No _____. If no, then no exception is needed. If yes, then provide the appropriate exception: _____

Each agency is responsible for retaining documentation to support the reasoning for a higher lodging request. The Comptroller may request any details of this documentation, regardless of the reason for the higher lodging request.

The employee must follow the employee's agency's internal policy prior to submitting the form to the Comptroller.

Traveler(s) must sign below

sign here	Signature of traveler	sign here	Signature of traveler
sign here	Signature of traveler	sign here	Signature of traveler

Employing agency must sign below

sign here	Agency approval signature
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Use calculation table on reverse side

If the reason for the request is because of decreased total cost of travel to the state, then calculate below. This section must be completed in light of the legal requirement to conserve funds.

CALCULATION TABLE

<p>Requested rate _____ \$ _____</p> <p>Less allowed comparison rate * _____ - _____</p> <p>Equals _____ = _____</p> <p>Number of nights _____ x _____</p> <p>Equals _____ = _____</p> <p>Number of employees _____ x _____</p> <p>Equals _____ = _____</p>	<p><u>Costs not to be incurred:</u></p> <p>Motor vehicle rental cost per day ** _____ \$ _____</p> <p>Number of days not needed _____ x _____</p> <p>Equals _____ = _____</p> <p>Plus: other expenses not incurred _____ + _____</p> <p>Costs not to be incurred _____ = _____</p> <p>Equals _____ = _____</p> <p style="text-align: right;">Total cost savings _____ \$ _____</p>
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*** Allowed comparison rate** --If the duty point has one or more GSC contracted hotels, then the allowable rate is the highest available contracted rate, not to exceed the maximum lodging reimbursement rate for the duty point. If the duty point does not have a GSC contracted hotel, or if the traveler or the agency is exempt from the requirement to participate in GSC's hotel contracts, then the allowable rate is the maximum lodging reimbursement rate. If there is not an available GSC contracted hotel then the allowable rate is the maximum lodging reimbursement rate.

**** Allowed motor vehicle rental cost** --If the duty point has one or more GSC contracted motor vehicle companies, then the allowable cost is the lowest available contracted rate for an appropriate motor vehicle at the duty point. If the duty point does not have a GSC contracted motor vehicle rental company, or if the traveler or the agency is exempt from the requirement to participate in GSC's motor vehicle rental contracts, then the allowable cost is the lowest available rental rate for an appropriate motor vehicle at the duty point.

Please indicate a full explanation of the above calculation and a complete itemization of "Other expenses not incurred":

After completing this request form, please submit the form to the address below for approval. The request may be denied at the Comptroller's discretion. If the Comptroller designates a higher rate, then this form must be included in the supporting documentation for the payment or reimbursement of the lodging expenses. Any questions regarding this form may be addressed to the number below.

COMPTROLLER OF PUBLIC ACCOUNTS
CLAIMS DIVISION
111 E. 17th Street
Austin, Texas 78774
Phone #: 512-475-0966

FAX #: 512-475-0588

Comptroller Use Only

The Comptroller has designated a higher maximum lodging rate because either there is no safe lodging available or the designation will result in a decreased total cost of travel to the state. The designation of a higher maximum lodging reimbursement rate applies only to travel that begins after the designation occurs and only for the trip for which the designation is requested.

<p>Comptroller designation</p> <p>sign here ►</p>	<p>Date received by Comptroller</p>	<p>Date of designation</p>
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The higher lodging rate request has been denied for the following reason(s): _____



**TEXAS DEPARTMENT OF HEALTH
TRAVEL TO AGENCY- SPONSORED TRAINING SEMINAR**

Sponsoring

Division/Program _____ **Title of Seminar** _____

Date of Seminar _____ **Location** _____

I certify that the travel to this TDH-sponsored training seminar is necessary for the proper performance of the Department's statutory functions, and the three conditions listed below have been satisfied:

1. agency does not possess interactive television or video conference facilities at the designated headquarters of the employee who incurred the expense; and
2. the agency does not have available, at a cost less than the total travel costs associated with the seminar, interactive television or video conference facilities; and
3. the agency does not have access to another agency's interactive television or video conference facilities.

Program or Division Director
(Signature approval as required in Administrative Policy XO-0102)

Date _____

Copy to be furnished to each employee attending training seminar. Employee must attach to travel voucher in order to receive reimbursement of expenses associated with attendance.